

PRISON HEALTH NEWS



Esperanza (The world is better with you in it) by Melanie Cervantes

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WHO WE ARE...

We are on the outside, but some of us were inside before and survived it. We're here to take your health questions seriously and make complicated health information understandable. We want to help you learn how to get better health care within your facility and how to get answers to your health questions. Be persistent—don't give up. Join us in our fight for the right to health care and health information.

Read on...

From

The PHN Team

WRITE AN ARTICLE OR SEND US YOUR ART!

Would you like to see your art, writing or poetry in *Prison Health News*?

If you want to write an article on something you think is important for prison health, send it and we will consider publishing it in *Prison Health News*. Tell us your story of struggling to receive quality health care, either for yourself or others. Do you have tips and tricks for staying healthy and taking care of yourself behind the walls that could be useful to others in the same position? You can also write us first to discuss ideas for articles. Please let us know if it's OK for us to put your writing or artwork on our website or social media. Let us know if you'd like us to use your full name, first name only, or "Anonymous." Having your name on the internet means anyone can find it. Please keep in mind that we may make small changes to your article for length or clarity. For any major changes to your work, we will try to get in touch with you first. You can submit your work to this address:

Prison Health News
4722 Baltimore Ave.
Philadelphia, PA
19143

COVID-19 UPDATES:

JULY 2022

BY LILY H-A

Omicron and BA.5

The current version of the coronavirus that is infecting the most people in the U.S. is called BA.5. This is a "sub-variant" of the omicron variant. It is the most contagious version of the virus yet, and it's sometimes able to get past antibodies from prior infections and vaccination. However, these antibodies do still provide some protection from BA.5, especially against severe illness and death. BA.5 does not seem to cause more severe disease than other variants. Data are also beginning to suggest that long COVID may be somewhat less common for people after being infected with omicron sub-variants than with earlier variants.

Coronavirus cases, hospitalizations, and deaths are rising again across the U.S. as BA.5 spreads, but so far not as sharply as they did with the first omicron wave over the winter. That said, it is still very difficult to predict the course of the pandemic or when new variants may appear. Ultimately though, it isn't surprising that new variants continue to emerge because as long as there is a COVID-19 outbreak somewhere in the world, there is a chance for the virus to mutate and take on a new form.

Vaccination, masking, distancing, and ventilation are still the best ways we know of for preventing transmission, infection, and serious disease caused by COVID-19.

The CDC still recommends universal masking for incarcerated people and staff in jails and prisons, and this is still required in federal prisons (as of July 2022). However, some state prison systems have rolled back masking policies and other COVID restrictions, and COVID policies now vary a lot between systems and individual facilities.

Vaccination Updates

On June 18, the CDC approved vaccination for children between 6 months and 5 years old. This means that now anyone 6 months or older can be vaccinated for COVID-19 in the U.S.

On July 13, the FDA approved a new COVID-19 vaccine by a company called Novavax. This vaccine uses an older technology than the Moderna and Pfizer vaccines. Instead of using messenger RNA (instructions that tell your cells how to create proteins), this vaccine contains copies of proteins that are found on the surface of the coronavirus. This technology has been used in other vaccines for decades. Like other COVID vaccines, it does not contain the actual virus. The Novavax vaccine is currently only approved for a primary vaccination series (first and second doses), not for boosters, so only people who are currently unvaccinated can get it for now. Clinical trials showed it was 90% effective in preventing illness from COVID-19, though these trials were done before the omicron variant.

As of July 27, 84% of Americans had received at least one dose of a COVID-19 vaccine, 72% were fully vaccinated, and 50% were vaccinated and boosted. With billions of vaccine doses now given out across the globe, COVID-19 vaccines are still proving to be very safe and to provide solid protection against severe illness and death.

Booster Updates

The CDC now recommends that people who are eligible for a second booster dose get one, since it has been shown they offer extra protection for people in these groups against severe illness and death. As of July 2022, the people currently eligible are:

- People 50 or older who got their first booster at least 4 months ago
- People who are moderately or severely immunocompromised, over 12 years old, and got their first booster at least 4 months ago

It is also likely that more people will become eligible for a second booster in the near future. Vaccine companies are also working on boosters that will specifically target the omicron variant of the virus and its sub-variants.

Editor's note: These were approved on August 31st 2022.

A TOOL IN THE STRUGGLE TO END MEDICAL COPAYS BY PHN EDITORS

Activists in Pennsylvania have started a coalition to end the \$5 copay for medical care in state prisons. The coalition includes FAMM, Pennsylvania Prison Society, the Coalition to Abolish Death By Incarceration (CADBI), the Institutional Law Project, and Physicians for Criminal Justice Reform—and now Prison Health News has joined too. For those in prison in Pennsylvania, you can help! We need to show the DOC that the copays are truly a hardship for incarcerated people and their families. To do that, you can start using the grievance process when you are unable to afford a copay. The DOC tracks grievances, so seeing grievances over copays will help them understand how often people in prison can't pay. If you're not in Pennsylvania, you can do this too, but there is more power in numbers where there is a group of activists taking action together.

Steps to take if you are in Pennsylvania:

STEP 1: Know what medical services you should and should not be charged for under the current Prison Medical Services policy.

A Tool In the Struggle to End Medical Copays (Continued)

STEP 2: Review your medical services charges regularly on an ongoing basis.

STEP 3: If you are wrongly charged, file a grievance. Your grievance should identify the date on which you received care, note that the care or medication you received does not qualify for the copay, and ask for a refund to your account.

STEP 4: If you are correctly charged under the current policies but cannot afford the copay, or the copay is a financial hardship to you or your loved ones, consider filing a grievance. Your grievance should identify the date on which you received care, note that the copay was correctly charged under existing policies but that you cannot afford it and/or it is a hardship to you and your loved ones, and explain why. Ask for a refund to your account. Take Step 4 only if you decide it is safe for you to do so.

Things to remember in any state or the federal system:

- Use the form provided by the facility.
- Write clearly.
- Each grievance can only discuss one problem.
- Be aware of any deadlines and time limits.
- Make sure you include how you would like to have the problem solved.
- Be polite and stick to the facts.
- You don't have to put staff members' names in the grievance, and it may be safer not to.
- Keep copies of everything.

Your safety is important. Prison Health News cannot help you if you are retaliated against, unfortunately. So this is your decision to make for yourself.

THE “BIG THREE” AND DEPRESSION

BY ETHAN MACKS

Do you ever feel like you just don't want to wake up and face the day? Do you feel unmotivated and restless? In small amounts, this is normal for most people, but if you find yourself experiencing this almost every day coupled with self-defeating thoughts and a feeling that overall things are just not worthwhile, you may be seeing the early signs of something I am all too familiar with. Depression is widespread in prison, and you may be thinking to yourself, “What is there to look forward to in the penitentiary?” Unfortunately, that is exactly the problem. Prison breeds emotions like anger, sadness, and despair. On top of all the negativity that goes on, there are countless reminders of what's going on in the outside world. Some people handle these feelings better than others, but I believe that most of you who are reading this can relate. I feel that with the right tools, you can recognize a low mood

One of the hardest times to face in prison is when you get to the part of the year when you have what I call the “Big Three”: Thanksgiving, Christmas, and New Year’s. This is when I find myself missing my family the most. It drives me crazy. This triggers people to feel lonely and isolated. It is hard in here all the time, but the “Big Three” is another reminder of not being free. Knowing that the “Big Three” is right around the corner could have an effect on your overall mental health. Here are my tips to combat this time of year. If you have a release date, then you get the opportunity to tick off one more year down and another year closer to the end of your incarceration. You can look at the holidays in a positive light because you are much closer to spending them with loved ones. If you are not going home at all or anytime soon, this could be a little more troubling. You can in this case find your own way to commemorate the season. Something small like eating a honeybun or making a special meal and sharing it with your good friends. Make a phone call or write a letter to someone you don’t get to communicate with often. Dust off the sense of negativity and create a positive out of it.

As far as the rest of the year, if you find yourself depressed, I want to share with you how I turn things around. You can defeat self-defeating thoughts. First of all, you must be able to recognize what are rational thoughts and what are not. It may be hard, but over time, you will be able to negate the irrational and cultivate the positive. Some people come to conclusions like, “It’s not worth trying because I won’t succeed,” or “Why would anybody love a convict like me?” These thoughts and many like them are self-defeating. You only lose if you don’t try, and everyone is deserving of love. You are not stupid, and you are capable of making new friends. Open yourself up a little bit. In extreme cases, people say that they are better off dead. In reality, you could help change a life in a positive way without even trying. Don’t just give up in life! Fight these irrational thoughts.

Force yourself to get out of bed. Make a list of things you want to get done. Create projects for yourself for each day. Do a little at a time, even if it’s only one or two things. As you check off the goals on your list, find a way to reward yourself. Taking time to treat yourself for an accomplishment will make you feel good about the work you are doing. Another way to feel good is to work out. Working out releases feel-good endorphins in your brain. Also, you can try what I call self-prayer. This is when you set aside time to push all the negative thoughts out of your mind. Slowly start replacing them with positive affirmations about yourself. You don’t have to get on your knees to do this, but I do (hence the name). Finally, go out of your way to talk to someone else, even if it’s asking how that person’s day is going. I try to talk to people that are not very social because I believe that I’m making someone else’s day better as well.

I am not a trained therapist. I am just another inmate like the rest of you. What I can say is that with the “Big Three” right around the corner, I feel there is no better time than now to heed my advice. If you’re feeling down, self-prayer, setting goals, rewarding yourself, working out, and socializing may be just what you need to feel better. I’ve been battling with depression for many years. I realized at a young age that it is hard to overcome depression without some effort. This is what works best for me, and I hope that you too can get a grasp on your emotional convictions. Life is worth living, even in a depressing place like prison.

HOW TO APPLY FOR COMPASSIONATE RELEASE IN PENNSYLVANIA: AN INTERVIEW WITH A JAILHOUSE LAWYER

BY DAN LOCKWOOD

Bryant Arroyo is a longtime activist and jailhouse lawyer with expertise in environmentalism, advocacy, and the law. His recent success was helping Mr. Bradford "Bub" Gamble successfully obtain compassionate release. PHN is grateful that Mr. Arroyo has agreed to be interviewed to share his insights so that others can also be granted the same dignity that Mr. Gamble and his family received as a result of his compassionate release.

This information applies to Pennsylvania, but there are similar rules in other states and the federal system that can be found in the prison law library.

PHN: What is compassionate release?

Bryant Arroyo: A compassionate release permits prisoners who are diagnosed with a terminal illness to be released from prison early if certain requirements are met. These requirements are laid out in Pennsylvania Statute 42 Pa.C.S. §9777 (1) and (2). This statute allows an inmate's original sentencing judge to grant a release after they review a petition for compassionate release.

In Pennsylvania, compassionate release can be allowed under two circumstances:

The first is when a judge releases an inmate to a *hospital or long-term nursing facility*, the inmate must meet all of the following criteria:

1. They are terminally ill.
2. They are expected to live for less than one year.
3. They need medical treatment that can be better provided at an outside facility.

The second is when a judge releases an inmate to a *hospice care facility*. In these cases, the inmate must meet all of the following criteria:

1. They are terminally ill.
2. They are no longer able to walk.
3. They are expected to live for less than one year.
4. They need medical treatment better provided by an outside facility.

If the motion is granted, the original sentence is not changed in any way. Rather, a person's obligation to serve the balance of the sentence is delayed or "deferred." If the prisoner dies while receiving outside medical care, this distinction does not matter. But, if the prisoner unexpectedly recovers, the balance of the sentence will have to be served.

PHN: What types of medical conditions might make an inmate eligible for compassionate release?

Arroyo: These include terminal health conditions, meaning conditions that cannot be cured and will lead to death, such as cancer, ALS, end-stage organ disease (ex. heart failure, kidney failure, liver failure), and advanced dementia.

PHN: What are some things to consider prior to filing for compassionate release?

Arroyo: After a doctor determines that an inmate is terminally ill, the inmate then has to decide whether to continue treatments intended to prolong life; or shift to palliative treatment, the goal of which is to manage the symptoms and provide as much comfort as possible.

I strongly recommend to Pennsylvania prisoners to encourage their families, friends, and advocates to support Senate Bill 835 by contacting legislatures, senators, media outlets, podcasts, PrisonRadio.org, publications, periodicals, the Abolitionist Law Center in Pittsburgh, and organizations like the Coalition Against Death by Incarceration (CADBI) and Straight Ahead. Senate Bill 835 can help to reform medical parole in Pennsylvania and reduce barriers to release.

PHN: What are the most important things that a person should do when they plan to request compassionate release to a hospice care facility in Pennsylvania?

Arroyo: The first step is to request the Handicap Disability Form from your medical department. This form will help you get medically approved for a wheelchair or walker. This provides official documentation of your illness, i.e., diabetes, cancer, immuno-compromised deficiencies, etc. You will then submit this form to your Correctional Health Care Administrator (CHCA). After you get legal representation, you then should request the form, DC-ADM, 003, or the Release of Information Policy, and sign and send it to your attorney. This allows your attorney to access all of your medical records from the health care department at your facility and from any outside hospital(s) where you were treated. This will also provide them with access to your records from the Pennsylvania Department of Corrections.

PHN: What are some important points to know before requesting a compassionate release to a hospice provider?

Arroyo: If you are ambulatory (able to walk around without a wheelchair or walker) you will be denied [Editor's note: This rule about not being able to walk only applies to release to a hospice provider]. If you have more than a year to live, you will be denied.

You will also be denied if you have had or if you receive any misconducts for an assault on staff members, are an "escape risk," or are deemed "dangerous." Before being released, you need a hospice care provider to approve your care with them. You must also have a place of residence in Pennsylvania.

PHN: What are some resources that you successfully used in the case of Mr. Bradford "Bub" Gamble that you would suggest to others seeking a compassionate release?

Arroyo: The Abolitionist Law Center was the most helpful resource we used to assist Mr. Bradford "Bub" Gamble in retrieving his hospital/medical records in preparation to filing a successful petition for transfer, pursuant to Title 42 Pa.C.S. §9777 (Compassionate Release). The Abolitionist Law Center was the lead counsel for Mr. Gamble's case and won his release after 46 years in prison.

The Abolitionist Law Center has been vital in providing legal representation for prisoners seeking compassionate releases. They are currently seeking referrals of anyone who may be a candidate for compassionate release. If you or someone you know in the PA DOC may be eligible, please provide this information to them and have them contact:

The Abolitionist Law Center
P.O. Box 8654
Pittsburgh, PA 15221

Editor's note: If you reside outside of Pennsylvania, you can try contacting your local ACLU chapter and asking if they can represent you or recommend another lawyer who can.

WHAT TO KNOW ABOUT MONKEYPOX

BY OLIVIA DUFFIELD

You may have heard recently about an outbreak of a virus called “monkeypox” in the United States and elsewhere. As of July 2022, there have been over 3,000 recorded cases of monkeypox in the U.S. It was declared an international public health emergency by the World Health Organization on July 23, and, at this time, there have now been a few cases identified in prisons throughout the U.S.

Anyone can get monkeypox, and it spreads through direct contact with infected animals or humans. In the U.S. right now, the disease appears to be more common in men who have sex with men, but there are numerous cases in people who don’t fall into that category. Early signs of monkeypox include flu-like symptoms and enlarged lymph nodes. After a few days, a blistering rash will develop. Eventually, the blisters crust over and fall off—the whole process can last two to four weeks. People who have monkeypox or a suspected case of monkeypox should be isolated from other individuals.

VISUAL EXAMPLES OF MONKEYPOX RASH



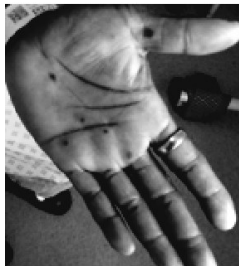
Those who have been exposed to monkeypox or are at risk of being exposed to monkeypox are now eligible to receive the smallpox vaccine. The smallpox virus is a similar virus to monkeypox, and past data shows that the smallpox virus is about 85% effective against monkeypox (CDC). In prisons where the virus has been identified so far, specifically Cook County Jail in Chicago, the vaccine has been offered to people who are at risk of contracting the disease. We hope that this will continue to be

offered in prisons across the country to prevent spread.

In the meantime, it is recommended to avoid physical contact, clothes, and bedding from those who have been known to be infected. If you work in a laundry facility, it is advised to use eye protection, gloves, and a mask when washing bedding that may have been in contact with an infected individual. If this is not possible, individuals should wash hands with soap and water after contact with potentially infected materials. Fortunately, most people with monkeypox will get better on their own without treatment. It is rarely fatal, but can cause significant pain and scars.

We at PHN hope that you remain healthy and safe in these uncertain times, and that you will be better informed about this emerging public health risk.

MONKEYPOX



ABORTION RIGHTS UPDATE: ROE V. WADE OVERTURNED

BY LILY H-A

On June 24, 2022, the U.S. Supreme Court voted 5-4 in the case *Dobbs v. Jackson Women's Health Organization* to overturn *Roe v. Wade*, stating that the U.S. Constitution does not protect the right to abortion. The new ruling does not restrict abortion on its own, but gives states the unlimited ability to restrict abortion.

Very quickly, abortion became illegal or severely restricted in many states. Some states had old abortion bans still on the books that had not been enforced in many years, while others had "trigger laws" that made abortion illegal automatically once *Roe v. Wade* was overturned. Most of these bans do not include any exceptions for rape or incest, and some do not include exceptions for the health of the pregnant person.

As of July 18, according to *The New York Times*:

- Abortion is completely banned in eight states: Alabama, Arkansas, Mississippi, Missouri, Oklahoma, South Dakota, Texas, and Wisconsin.
- Abortions are banned after six weeks (before many people know they are pregnant) in Ohio and South Carolina.
- Bans are expected to come into effect soon in Idaho, North Dakota, Tennessee, and Wyoming.
- Judges have temporarily blocked bans in Arizona, Kentucky, Louisiana, Utah, and West Virginia.

Additional bans and restrictions by states will likely be coming soon. It is very unlikely that the current Congress will be able to pass legislation that would protect abortion nationally, although the president has said that he would support this and signed an "Executive Order Protecting Access to Reproductive Health Care Services" that takes some limited actions at the federal level. Activists are fighting hard across the nation to protect abortion access, but it is an uphill battle.

Since the decision was announced, there have already been numerous instances of pregnant people being denied abortion care and care for miscarriages as reported by *The Washington Post* and other newspapers, including in ways that seriously threaten their lives and health. Other types of medical care are also being affected. For example, some patients have reported difficulties getting the medication methotrexate—which is used to treat many conditions including cancer, psoriasis, and rheumatoid arthritis—because it can induce abortions.

Abortion access was already very limited for people in jails and prisons, despite court decisions upholding their rights, but *Dobbs v. Jackson* will make it even more difficult, according to experts. In states with bans, access will likely be lost completely. These bans will also affect people on probation, parole, or other forms of court supervision who are prohibited from interstate travel in order to obtain the procedure in a state where abortion is legal. These bans may also impact people in federal facilities located in states with bans. The federal Bureau of Prisons stated that they are "reviewing all of the potential policy options for protecting the reproductive health of inmates in our care and custody."

ASK PHN: COLON CANCER

BY BELINDA CHRISTENSEN

Dear Prison Health News,

Thank you for having me on your mailing list. By the way, do you know anything about colon cancer? My father died of it in July of 1999, and one of my brothers died of it in 2013, so I know it runs in my family. I would highly appreciate learning more about it, if you can.

—Gabriel Fuentes, California

Dear Mr. Fuentes,

Thank you for your letter, and for the wonderful drawing. I'm very sorry to hear that your father and brother passed away from colon cancer. I've provided some information below about screening and prevention from the American Cancer Society and the Colorectal Cancer Alliance, two organizations that work to educate people about cancer prevention and treatment.

The most important step to prevent colon cancer is to get a screening. A screening is a way of telling whether a disease like cancer is starting to form in someone's body before they have any symptoms. There are a few different kinds of screenings for colon cancer, and the recommendation from the CDC is that people should get a screening every year or more starting at age 45. Sometimes (though not always!) people are at higher risk for colon cancer if they have a family history of colon cancer (in other words, they have close family members, like a parent or sibling, who had colon cancer). It's recommended for people with a family history of colon cancer to get a colonoscopy 10 years before the age their family member was when they were diagnosed. From the information in your letter, it sounds like you have a family history of colon cancer.

I understand that preventive care like cancer screenings can often be difficult for people living in prison to get. I've included with this letter some information about advocating for yourself if you're not getting the healthcare you need. A lot of the information relates to people who already have a medical condition, but you may find some of it helpful in advocating to get a colon cancer screening. Here is some information from the American Cancer Society that you can show the doctor or nurse at your facility if you want to advocate to get a screening. "Adenomatous polyps" is a kind of polyp, which is a lump inside someone's colon or rectum that can turn into cancer. If you're able to make a toll-free phone call, you can call the American Cancer Society for more information and help at 800.227.2345.

"Most colorectal cancers are found in people without a family history of colorectal cancer. Still, as many as 1 in 3 people who develop colorectal cancer have other family members who have had it. People with a history of colorectal cancer in a first-degree relative (parent, sibling, or child) are at increased risk. The risk is even higher if that relative was diagnosed with cancer when they were younger than 50, or if more than one first-degree relative is affected. The reasons for the increased

risk are not clear in all cases. Cancers can ‘run in the family’ because of inherited genes, shared environmental factors, or some combination of these. Having family members who have had adenomatous polyps is also linked to a higher risk of colon cancer. (Adenomatous polyps are the kind of polyps that can become cancer.) If you have a family history of adenomatous polyps or colorectal cancer, talk with your doctor about the possible need to start screening before age 45. If you’ve had adenomatous polyps or colorectal cancer, it’s important to tell your close relatives so that they can pass along that information to their doctors and start screening at the right age.”

I also want to show you some information from the Colorectal Cancer Alliance about other things you can do to stay healthy and prevent cancer:

Try to Eat Well

Consistent evidence shows diets high in vegetables, fruits, and other plant foods reduce risk for many diseases, including colorectal cancer. In addition to these foods containing lots of dietary fiber and nutrients, plant foods are good sources of substances called phytochemicals, which help protect cells in the body from damage that can lead to cancer. Plant foods can also help us maintain a healthy weight—also important in reducing risk of colorectal cancer—because many are lower in calories.

Diets high in red and processed meats have also been linked to colorectal cancer. Red meats include any meat that is red when raw, like beef, pork, or lamb. Try to keep your red meat intake to 18 ounces (cooked) per week or less. Processed meats, on the other hand, should be avoided if possible. Processed meats include hot dogs, ham, bacon, and sausages, and cancer risk increases even with low consumption.

Get Your Exercise

Research consistently shows adults who increase their physical activity—in intensity, duration, or frequency—can reduce their risk of developing colorectal cancer by 30% to 40%. It’s estimated that 30 to 60 minutes of moderate to vigorous physical activity per day is needed to protect against colorectal cancer. Exercise also helps you to maintain a healthy body weight, which reduces your risk for colorectal cancer. In fact, studies show people who are overweight or obese are more likely to develop colon polyps, a possible precursor to cancer, and higher weights are associated with higher polyp risk.

Avoid Cigarettes

Long-term cigarette smoking is also associated with increased risk of colorectal cancer. The longer a person smokes, the greater the risk.

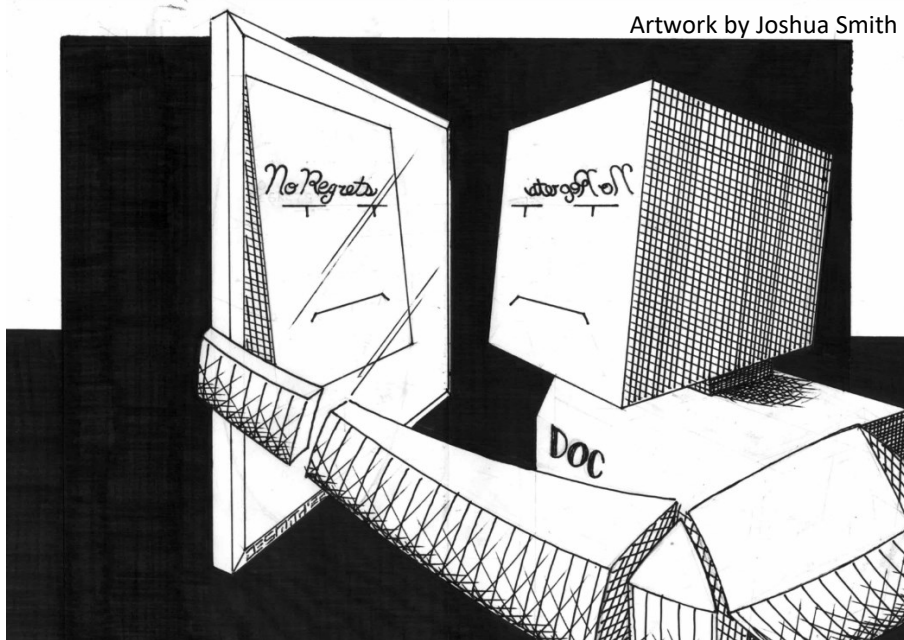
Fresh fruits and vegetables might be hard to get, but other foods that come from plants, like beans, have a lot of fiber and nutrients too and can help support colon health. If you smoke, then quitting smoking is one of the best things you can do for pretty much every aspect of your health, not just your risk for colon cancer.



CONVICT CHRONICLES: NO REGRETS

BY LEO CARDEZ

Artwork by Joshua Smith



Regret runs through everything, and no man exists as he once was. People in custody have an intimate relationship with regret – left to face the suffering and damage we have left in our wake. It is as if we are stuck in a barrel at the bottom of the ocean with no options – there is nothing worse.

As a three time loser looking squarely at middle age, I struggle deeply with my past mistakes. A list of my mistakes would overwhelm you: how I behaved as a father, brother, son, friend, and human; how I spent my money when I was working and worse, how I spent it when I wasn't; all the dumbass things I thought were important and weren't; all the people I hurt, especially the women who loved me most. Most of these are "closed door" regrets. That is, things that cannot be undone. There is also the opposite, "open door" regrets; those that can still be undone, relationships salvaged, minimal damage endured.

As with most emotional or psychological problems, step one is acknowledging your feelings. You regret something – accept that. Don't try to stuff it into a hidden chamber of your heart and believe it will simply fade away. It won't. It will rot and fester and affect you in ways you could have never imagined – none of them good. Some of us, especially hard-headed inmates, have the false belief that admitting any shortcomings is a sign of weakness. The opposite is true. Denial is like trying to put a band-aid on a bullet wound.

Regret can be a normal, healthy emotion. Painful as it may be, it is our responsibility to deal with it. Managing our past mistakes can help us become better people, better to ourselves and better to others. But how do we do that? How do we suck out the venom of the emotional snake bite?

Step one was recognizing the issue. Check. Next is sharing it with someone else we trust. I called my Mommy. My mother has been my rock – her unflinching love has kept me moored when I risked floating off forever into the darkness of a moonless night. I told her everything about my crime. I also explained how deeply sorry I was for hurting others. I am not ashamed to admit, I cried for the first time in twenty years. After patiently listening, she told me she was proud of me. What? Why? I responded. She explained, you're finally growing up. She admitted, yes, I had made grave mistakes. I spent years wandering in the desert. But she also encouraged me to remember, no one is just a culmination of their mistakes. We all fail to live up to our full potential from time to time. She wanted me to see that my regret was an important step in my rehabilitation, and anything else would have been like trying to build a house on sand. Regret is part of the journey to redemption. She concluded by asking me to try to accept the pain as happily as the pleasures. They are both temporary and necessary.

It will take a superhuman effort. It was virtually impossible for me. I hated myself. I doubt anyone could have despised me more than I did myself. I removed any mirrors from my cell as I could not stand my own reflection. But if we cannot find a way to be kind to ourselves, how can we ever expect to be kind to someone else?

The final step is to do what we can to try and make things right. In my case, I wrote heartfelt apology letters to anyone I may have harmed. Many people could not hear me past their own anger; some even chose to respond with hateful vitriol. That's okay. Maybe they needed that opportunity to vent, even if it was at my expense. The truth is, it's the least I could do. I also tried to get help for my problems. I attended AA and sought therapy. The point is to do something to attempt to re-balance the scales of the universe. *The only exception would be if in trying to help we cause more pain or if it's illegal.

Now, you wait. You've done your best to create distance and closure from your past mistakes, but the harsh reality is that these steps are not miracles. Your feelings of regret won't disappear overnight. But with time, effort, and a touch of grace, it can begin to shift from the feeling of something weighing you down to something propelling you forward. And then, maybe one day, you can look in the mirror and see a good person reflected back to you.

Author's Note: The idea of my work as a mirror is important. I want to write essays that not only help incarcerated readers, but also prove to the outside world that we still have value. The goal is neither to center on the pain nor to ignore it. The full story, no matter how bleak, always has some beauty among the darkness.

Information and Support Resources

Center for Health Justice

900 Avila Street #301

Los Angeles, CA 90012

Prison Hotline: 213-229-0985

Free health (including HIV and mental health) hotline Monday to Friday, 8 a.m. to 3 p.m.

Those being released to Los Angeles County can get help with health care and insurance.

Prison Yoga Project

P.O. Box 415

Bolinas, CA 94924

Write to ask for a free copy of one of the following books: *Yoga: A Path for Healing and Recovery*, *Yoga: un Camino para La Sanacion y la Recuperacion*, or the prison yoga book for women, *Freedom from the Inside*.

POZ Magazine

Attn: Circulation Department

157 Columbus Ave, Suite 525

New York, NY 10023

Magazine for people living with HIV/AIDS.

Give your full name and address, and state that you are HIV positive and cannot afford a subscription.

Black and Pink

2406 Fowler Ave, Suite 316

Omaha, NE 68111

Black & Pink distributes a free national newsletter to incarcerated LGBTQIA2S+ members and incarcerated members living with HIV/AIDS around the country. Each issue includes pieces submitted by incarcerated members, relevant news, history, opinions from our non-incarcerated community, and a calendar.

California Coalition for Women Prisoners

4400 Market St., Oakland, CA 94608

Organizes with members inside and outside prison to challenge the institutional violence imposed on women, trans and GNC people, and communities of color by the prison industrial complex (PIC). They send *The Fire Inside* newsletter.

National Prisoner Resource Directory

Prison Activist Resource Center

PO Box 70447

Oakland, CA 94612

Free 26-page national resource guide for people in prison. It contains contact information for other organizations that can provide free books and information on finding legal help, publications, resources for women and LGBT people, and more.

SERO Project

P.O. Box 1233

Milford, PA 18337

A network of people living with HIV working to end HIV criminalization, mass incarceration, racism and social injustice and to improve policy outcomes, advance human rights and promote healing justice.

Just Detention International

3325 Wilshire Blvd, #340

Los Angeles, CA 90010

If you have experienced sexual harm in custody, write to ask for their Survivor Packet, which includes a self-help guide for survivors and info on prisoners' rights and how to get help via mail and phone. Survivors can write via confidential, legal mail to Cynthia Totten, Attorney at Law, CA Attorney Reg. #199266 at the above address. Please note that they do not provide legal representation or counseling services.

Hepatitis Education Project

1621 South Jackson Street, Suite 201

Seattle, WA 98144

Write to request info about viral hepatitis, harm reduction, and how you can advocate for yourself to get the treatment you need.

Jailhouse Lawyers' Handbook

National Lawyers Guild - Prison Law Project

PO Box 1266

New York, NY 10009-8941

Write them to ask for a free copy of the newly updated 6th edition.

Coalition for Prisoners' Rights Newsletter

P.O. Box 1911, Santa Fe NM, 87504

Monthly newsletter about current events important to people in prison. Send them a SASE for every month's issue you are requesting, up to 12 at one time, with their address in the upper left corner.

Prison Legal News

P.O. Box 1151 Lake Worth, FL 33460

Monthly 72-page magazine on the rights of people in prison and recent court rulings. Sample issue: \$5. Subscription: \$36/year.

Protecting Your Health & Safety: A Litigation Guide for Inmates

PLN, P.O. Box 1151 Lake Worth, FL 33460

325-page manual explains legal rights to health and safety in prison, and how to advocate for those rights when they are violated. A publication of the Southern Poverty Law Center. Make a \$16 check or money order out to Prison Legal News.

Fair Shake Re-Entry Center

P.O. Box 63, Westby, WI 54667

Send them a donation of \$5 or more for a reentry packet to help you plan for your release. They can also send free offline software that allows you to find resources without using the internet.

National Resource Center on Children and Families of the Incarcerated

856-225-2718

<https://nrccfi.camden.rutgers.edu/resources/>

This is a resource for those with family members on the outside. They do not respond to mail, but your loved ones can find their resources on their website. They have fact sheets and a directory of programs in the United States and around the world that offer services for children and families of the incarcerated.

ameelio.org

If you have loved ones on the outside, they can use this nonprofit phone app to send you letters and photos for free.

Transgender Law Center

PO Box 70976

Oakland, CA 94612

Collect line for people in prison:

510.380.8229

Connects transgender and gender-nonconforming people with advocacy information. They cannot take on legal cases or direct advocacy, but provide access to resources. This includes policies issued by the DOC, guides to navigating grievance processes and filing lawsuits, know-your-rights guides, model policies developed by LGBT advocacy organizations, statements from medical professional associations on the necessity of transition-related health care, and more.

Write to us if you know about a great organization that is not yet listed here.



Many thanks to the PHN Advisory Board for their wisdom and insight:
Ignacio H. Carrillo, currently incarcerated in Illinois, **A. Maxwell Hanna**,
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Edited By:

Belinda Christensen, Olivia Duffield,
Hannah Faeben, Lucy Gleysteen, Lily H-A,
Lisa Horwitz, Seth Lamming, Dan
Lockwood, Hannah Rose Calvelli, Frankie
Snow, Radhika Sood, and Suzy Subways

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Prison Health News
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